

## **Child Enrollment**

## **Family Child Care**

| Please complete the following information for all children you have cared for over the last 12 months. Children listed may no longer be active in your child care but will need to be listed if you cared for them within the previous 12 months. Evaluations of your program will be sent to parents by your licensor. (9502.0367, 9543.0040, subpart 2. B. (b)) |                         |     |  |                               |   |   |    | Licensor Use Only (Place a checkmark in the box beside the child's name if they are present during the visit) |              |                   |              |                          |                     |                 |                        |                   |  |  |  |
|---|-------------------------|-----|--|-------------------------------|---|---|----|---|--------------|-------------------|--------------|--------------------------|---------------------|-----------------|------------------------|-------------------|--|--|--|
| LICENSE HOLDER NAME   |                         |     |  | LICENSE CLASS / CAPACITY DATE |   |   |    | r Travel<br>tion)   | rm.          | Reporter          | tion         | Permission to Administer | Wading Pool Consent | onsent          | Infant Alternate Sleep | luation           |  |  |  |
| Child's Name: (first, last)   | Enrollment<br>Start/End | DOB | Infant<br>Toddler<br>Preschool<br>School age | Days/Hrs of<br>Care           | Parent/Guardian Information<br>Name (first/last) Address, Zip | 1 | rs | A & A<br>(Liability & Travel<br>Authorization)  | Allergy Form | Mandated Reporter | Immunization | Permissior               | Wading Po           | Swaddle Consent | Infant Alte            | Parent Evaluation |  |  |  |
| 1   |                         |     | I T P S active                               |                               |   |   |    |   |              |                   |              |                          |                     |                 |                        |                   |  |  |  |
| Parent email address:   |                         |     |  |                               |   |   |    | notes:  |              |                   |              |                          |                     |                 |                        |                   |  |  |  |
| 2   |                         |     | I T<br>P S<br>active                         |                               |   |   |    |   |              |                   |              |                          |                     |                 |                        |                   |  |  |  |
| Parent email address:   |                         |     |  |                               |   |   |    |   | notes:       |                   |              |                          |                     |                 |                        |                   |  |  |  |
| 3   |                         |     | I T<br>P S<br>active                         |                               |   |   |    |   |              |                   |              |                          |                     |                 |                        |                   |  |  |  |
| Parent email address:   |                         |     |  |                               |   |   |    | notes:  |              |                   |              |                          |                     |                 |                        |                   |  |  |  |
| 4   |                         |     | I T<br>P S<br>active                         |                               |   |   |    |   |              |                   |              |                          |                     |                 |                        |                   |  |  |  |
| Parent email address:   |                         |     |  |                               |   |   |    |   |              | notes:            |              |                          |                     |                 |                        |                   |  |  |  |
| 5   |                         |     | I T<br>P S<br>active                         |                               |   |   |    |   |              |                   |              |                          |                     |                 |                        |                   |  |  |  |
| Parent email address:   |                         |     |  |                               |   |   |    |   |              | notes:            |              |                          |                     |                 |                        |                   |  |  |  |
| 6   |                         |     | I T<br>P S<br>active                         |                               |   |   |    |   |              |                   |              |                          |                     |                 |                        |                   |  |  |  |
| Parent email address:   |                         |     |  |                               |   |   |    | notes:  |              |                   |              |                          |                     |                 |                        |                   |  |  |  |

## (Place a checkmark in the box beside the child's name if they are present during the visit) Permission to Administer Infant Alternate Sleep Wading Pool Consent Mandated Reporter A & A (Liability & Travel Authorization) Swaddle Consent Parent Evaluation Immunization Allergy Form Infant Parent/Guardian Information Toddler Enrollment Days/Hrs of Phone Child's Name: (first, last) DOB Preschool Start/End Care Numbers Name (first/last) Address, Zip School age 7 S active notes: Parent email address: 8 Т active notes: Parent email address: 9 Т S active notes: Parent email address: 10 S active notes: Parent email address: 11 S active notes: Parent email address: 12 S active notes: Parent email address: 13 S active notes: Parent email address:

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